

PART B - FEE(S) TRANSMITTAL

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SEP 01 2006

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee transmissions.

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28120 7590 06/08/2006

FISH & NEAVE IP GROUP
ROPES & GRAY LLP
ONE INTERNATIONAL PLACE
BOSTON, MA 02110-2624

09/05/2006 RMEBRAH1 00000027 181945 09451939

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

03 F0:8001	10.00 DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/451,939	12/01/1999	NINGNING MIAO	CIRI-PII2-044	9684
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TITLE OF INVENTION: METHOD OF TREATING DOPAMINERGIC AND GABA-NERGIC DISORDERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BRANNOCK, MICHAEL T	1649	530-350000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Fish & Neave IP Group, Ropes & Gray LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2 _____	_____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	3 _____	_____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If no assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Curis, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-1945 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date September 1, 2006

Typed or printed name David P. Halstead, Ph.D.

Registration No. 44,735

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL For FY 2005		Complete If Known	
Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	09/451939
		Filing Date	December 1, 1999
		First Named Inventor	Nagesh Mahanthappa
		Examiner Name	M. T. Brannock
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1646
TOTAL AMOUNT OF PAYMENT	(\$) 1,730.00	Attorney Docket No.	WYTH-P02-044

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Fish & Neave IP Group, Ropes & Gray LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description Each claim over 20 (including Reissues) Fee (\$) Small Entity 50 25 Each independent claim over 3 (including Reissues) Fee (\$) Small Entity 200 100 Multiple dependent claims Fee (\$) Small Entity 360 180							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
- 20 =	x	=		Fee (\$)	Fee Paid (\$)		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
- 3 =	x	=					
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) 1501 Utility issue fee Fee (\$) Fee Paid (\$) Other (e.g., late filing surcharge): 1504 Publication fee for early, voluntary, or normal ... 300.00 8001 Printed copy of patent w/o color 30.00							

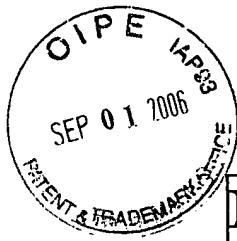
SUBMITTED BY	
Signature	
Name (Print/Type)	David P. Halstead, Ph.D.
Registration No. (Attorney/Agent)	44,735
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Date	September 1, 2006

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (617) 273-2885, on the date shown below.

Dated: September 1, 2006

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(Mary Jane DiPalma)



FAX TRANSMISSION

DATE: September 1, 2006

PTO IDENTIFIER: Application Number 09/451939
Patent Number

Inventor: Mahanthappa et al.

MESSAGE TO: Office of Patent Publication

FAX NUMBER: (571) 273-2885

FROM: FISH & NEAVE IP GROUP, ROPES & GRAY LLP

David P. Halstead, Ph.D.

PHONE: (617) 951-7615

Attorney Dkt. #: WYTH-P02-044

PAGES (Including Cover Sheet): 3

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This Facsimile Cover Sheet (1 page)

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